STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)

I. Name of Lobbyist(s) _						
II. Name of lobbyist's partnership, firm or corporation, if any:						
Elevare Communicati						
(Name of	partnership, firm or corporation)					
III. Name of Client <u>Ma</u>	rsy's Law for New Hampshire	Date	April 25, 2018			
State the full name of	the person receiving the honorariun	n or expense reimbui	rsement:			
Killion	Richard	J.				
Last Name	First Name	Middle Name/Initial				
What is the value of the ho	onorarium or expense reimbursement?	\$ 914.01				
of the event).	th the honorarium or expense reimbursem 2018 - Reimbursed food purchased fr		date(s) and location(s)			
	2018 - Reimbursed food purchased from					
\$123.12: March 9, 20	18 - Mileage reimbursement from Res Sununu and Senator Woodburn	sponse Roundtable eve	ent with Governor			
	Sununu and Senator woodburn					
(If there is more than one hor	norarium or expense reimbursement use a sepa	arate addendum B form for	each.)			
Sworn Statement/Affin	rmation by Lobbyist					
	A 15-B and RSA 664 and hereby swetche best of my knowledge and belief.	_	oregoing information 25, 20, 20 Date)			
(Signature of lobbyiet)	1 with		Date)			
Did di Rilli						
Richard J. Killion						

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	Richard J. Killion		
II. Name of lobbyist's p	artnarchin firm ar car	noration if any	
	• *	роганов, и аву:	
Elevare Communicat			
(Name of p	partnership, firm or corporation)		
III. Name of Client <u>Ma</u>	rsy's Law for New Hai	mpshire	DateApril 25, 2018
Political Contributions			
		pursuant to RSA Chapte	er 664 paid on behalf of the
•	ing firm, indicate the fo	-	•
D	Cantar Dight DAC		
Full name of candidate:	Center Right PAC (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	230.00	Office Candidate is	SeekingN/A
Full name of candidate:	Friends of Chris S	ununu	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	7,000.00	Office Candidate is S	Seeking Governor
	ontribution on the line abo		s or services provided, and enter the tion. If the actual cost is not known,
Full name of candidate:			ACH N. A. S. S.
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	Caalsina

,	he contribution is an in-kind contribution, provide a description of the goods or services provided, and enter tual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known an estimated value and the word "estimate."				
	(If more than three contributions were made, report additional contributions on separate addendum C forms.)				
	Sworn Statement/Affirmation by Lobbyist				
	I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.				
	(Signature of lob) (vist) $ \frac{1}{(\text{Date})} $				
	(Signature of lobsyist) (Date)				
	Richard J. Killion				
	(Print Name of lobbyist)				

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

	ffirmation by Lobby e and Expenses for:		1
Name of Lobbying par	tnership, firm, or corpo	oration: Elevare Commu	nications, LLC
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client): Ma	arsy's Law for New H	ampshire	
Date of Report (check	one):		
April 25, 2018 🛚	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being
X Addendum A(s).		
X Addendum B(s).		
X Addendum C(s).		
complete to the best of	my knowledge and be	lief.	nt and each Addendum is true and
Richard J. Killion			
(Print Name of lobbyis	st)		